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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 22 Jefferson 0452 Clancy Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 1 1630 No Kokoruda, Cindy 3.00 1 1637 No Lake, John & Jeanie Glenn 2.50 1 1638 No Pippin, Fred & Tami 2.80 1639 Gilchrist, Julie No 3.40 1 1640 Johnson, Tina 1 No 0.95 1 2162 No Bretch, Deanna 2.10

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0	PI	

2187

2188

No

No

4-47

4-47

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

4.25

0.50

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 22 Jefferson 0453 Whitehall Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 4-47 1626 No Briggs, Mark & Tammy 1.00 4-47 1627 No Welch, Dawn & Michael 1.75 4-47 1628 No Cheetham, Joellen & Tim 0.25 4-47 1629 Patritti, Cindy & Joe No 2.50 4-47 1631 Smith, Konni & Larry No 0.25 4-47 1632 No Lombardi, Jinney 0.50 4-47 1633 Lombardi, Bob & Tiffany No 0.75 4-47 1634 Stone, Debra & Billy 0.88 No 4-47 1635 No Adams, Angel & Lance 1.13 4-47 1641 No Rodriguez, Amy 0.50 4-47 2186 No Shepherd, Coleen 2.50

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Bausch, Denise

Morit, Michelle C

0	PI	

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 22 Jefferson 0454 Whitehall H S **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 2 1636 No Bernard, Don 0.50

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE
DATES

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: High School 22 Infforcon 0457 Infforson H S

22 Jei	terson		0457 Jefferson H S	High School	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1651	Yes	Gluechert, Patti	0.25	
1	1652	Yes	Johnson, Rebecca	0.55	
1	1653	Yes	Kamerzel, Barbara	0.25	
1	1654	Yes	Kautz, Patty	0.12	
1	1655	Yes	Staley, Kristin	0.32	
1	1656	Yes	Weinert, Susan	1.07	
1	2393	Yes	Klepzig, William C	0.70	
1	2420	No	Foley, Mike H	3.00	
1	2421	No	Winter-Foote, Carol	2.50	

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27

27

1658

2393

No

Yes

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

1.25

0.70

First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 22 Jefferson 0460 Montana City Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 27 1642 No Ferguson, Karen 0.25 Giard, Kimette 27 1643 No 0.30 27 1644 No Johnson, Kelly 0.25 1645 Bills-Kazimi, Kay 27 No 0.50 27 1646 Martin, Douglas H No 1.55 27 1647 No Niehoff, Deborah 1.50 27 1648 Seifert, Ann 0.55 No 27 1649 Higgins-Smith, Joan 0.30 No 27 1650 Tuttle, Marty & Michelle No 0.25 27 1651 Gluechert, Patti Yes 0.25 27 1652 Yes Johnson, Rebecca 0.55 27 1653 Kamerzel, Barbara Yes 0.25 27 1654 Yes Kautz, Patty 0.13 27 1655 Yes Staley, Kristin 0.33 27 1656 Yes Weinert, Susan 1.08 27 1657 No Ballantyne, John 0.25

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Btunett, Denise

Klepzig, William C